

Operations Support

***PARARESCUE EMERGENCY MEDICAL TREATMENT AND
PROCEDURES/PROTOCOLS***

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFD 16-12, *Pararescue*. It provides guidance for Air Force Special Operations Command (AFSOC) pararescue emergency medical treatment and procedures/protocols IAW AFSOCI 48-101, *Aerospace Medical Operations*.

The intent of this instruction is to provide Pararescuemen (PJ) medical guidelines for the delivery of emergency care when physician control is not readily available. It also serves as a reference source for both the pararescueman and responsible physician and provides a mechanism for mission and patient care documentation. This instruction is not meant to be a substitute for sound clinical judgment or to provide detailed discussions of physiological events.

SUMMARY OF REVISIONS

This AFSOCI replaces AMC/AFSOCR 160-34(J), *Pararescue Emergency Medical Treatment* and aligns the instruction with AFD 16-12.

1. Medical command and Control. Care of injured personnel in combat or rescue situations requires medical command and control by licensed medical providers. Pararescuemen providing care in these situations are acting under the principal of “delegated authority”, where the provider (usually a physician) allows appropriately trained personnel to perform specific diagnostic and therapeutic interventions. There are two types of medical control:

1.1. On-line Medical Control. A physician is either present on the scene and personally directs patient care, or is contacted by radio or other means and gives direct “live” instructions.

1.2. Off-line Medical Control. Contact with a control physician is impossible or impractical; care is given based on specific physician-approved protocols.

1.3. The following, in descending order of precedence, is the medical control chain:

1.3.1. On-line Control:

1.3.1.1. Pararescue/Rescue or special tactics squadron flight surgeon present at the scene.

1.3.1.2. Senior US military physician present at the scene.

1.3.1.3. Qualified (training equivalent to US physician) allied country senior military physician present at the scene.

1.3.1.4. Qualified civilian physician (training equivalent to US) present at the scene, provided he/she agrees to assume responsibility for care and accompany the patient to higher level of care.

1.3.1.5. Senior US military physician assistant present at the scene.

1.3.1.6. US military physician in direct radio contact.

1.4. Off-line Control. On-line control is the preferred means of medical control for all casualty situations. In the event on-line control is not possible, the Pararescue Team Leader is responsible for directing medical care at all locations. If the tactical situation requires it, he may delegate medical treatment responsibility to another PJ.

1.4.1. The Pararescue Medication and Procedure Handbook is the approved medication formulary and protocol handbook for AFSOC Pararescue IAW AFSOCI 48-101.

1.4.2. Changes in the special tactics pararescue medical protocols or medication formulary are to be coordinated with AFSOC/SG through the 720 STG/SG.

1.4.3. Medications not listed in the Pararescue Medication and Procedure Handbook (non-formulary medications) may be used for unique conditions if required for safe completion of the mission, IAW the following stipulations:

1.4.3.1. Non-formulary medications must be supplied by a US military physician, preferably an AFSOC flight surgeon, and the pararescueman must be instructed on its proper use.

1.4.3.2. The issuing physician assumes responsibility for proper use of any non-formulary medication issued.

1.4.3.3. If possible, the 720 STG/SG is to be notified of any non-formulary medication prior to use. In the event that this is impossible due to security or operational considerations, a written explanation will be forwarded to the 720 STG/SG as soon as possible.

1.4.3.4. The 720 STG/SG will report issue and/or use of non-formulary medications to the AFSOC/SG as soon as possible.

2. Mission and Patient Care Reports. All medical care delivered by special tactics pararescueman will be documented for review and oversight utilizing approved forms contained in the Pararescue Medication and Procedure Handbook IAW AFSOCI 48-101. This instruction is provided to assist in the documentation of patient care, provide a tool for identification of future training and equipment requirements and as an instrument for feedback to individual pararescuemen and their commanders to enhance mission success.

2.1. Responsibility:

2.1.1. The Special Tactics squadron commander will:

2.1.1.1. Ensure that a Mission Report, and when applicable, a Medical Treatment Report be generated for all Pararescue missions.

NOTE: Patient encounter reports during formal training i.e. New Orleans Ride Along, Joint Special Operation Medical Center, Prince George's County Ride-Along etc., will be handled in the prescribed manner of the training institution and not forwarded to the 720 STG.

2.1.1.2. Medical Treatment Reports are mandatory for all patient contacts including those occurring off-duty.

NOTE: Completion of patient reports involving off-duty encounters are necessary to provide documentation of care.

2.1.1.3. Ensure each Special Tactics squadron team leader designates, in writing, a pararescueman the responsibilities for ensuring all missions are reported, collecting reports generated by the lead PJ on the mission, and forwarding reports to the squadron independent duty medical technician (IDMT) or his/her designee.

2.1.2. The Squadron IDMT or designee will:

2.1.2.1. Collect and maintain a log of all reports generated by the squadron.

2.1.2.2. Forward all reports to the 720 STG for review. Classified reports will be handled IAW AFJI 31-102, *Physical Security*.

2.1.2.3. Maintain confidentiality of all Medical Treatment Reports IAW the Privacy Act of 1974.

2.1.2.4. Disseminate the 720 STG review and comments to the commander, DO and appropriate Team Leader.

2.2. Procedure:

2.2.1. All Mission and Patient Treatment Reports will be forwarded to the 720 STG for review and comments.

2.2.2. Mission Reports will be reviewed by the 720 STG/DO.

2.2.3. Mission and Medical Treatment Reports will be reviewed by the 720 STG/SG.

2.2.4. Review, comments and recommendations will be made on each report to the 720 STG/CC and forwarded to the appropriate STS for distribution.

2.2.5. A summary report with statistics, findings and recommendations will be presented annually.

2.3. Exception to Instruction:

2.3.1. Mission and Patient Treatment Reports initiated by pararescuemen of the 24 STS will be reviewed by the 24 STS/SG prior to being sent to the 720 STG.

2.3.2. If accurate and complete records are impossible to accomplish secondary to mass casualty or operational conditions, a written report may be substituted with description of situation, approximate number of casualties treated with types and number of procedures performed.

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Commander